



City of Scotts Valley ANNUAL BUSINESS LICENSE APPLICATION

(Please allow up to 20 working days to process)

FOR OFFICIAL USE ONLY
DATE RECEIVED: _____
RECEIVED BY: _____
RECEIPT #: _____
AMOUNT PAID: _____

INFORMATION AND INSTRUCTIONS FOR APPLICANTS

- **THIS LICENSE IS DUE AND PAYABLE JULY 1 OF EACH YEAR.**
- Solely for the benefit and for the information of the applicant, a delay of twenty working days shall occur between the date of application and issuance of the license for a new business to determine if the operation of the business is allowed in the zoning district in which it is to operate.
- It is illegal to do business within the City limits of Scotts Valley without a license.
- It is necessary to pay only for those employees who actually work in the City.
- Application and all attached pages must be completed.
- Application is subject to approval.
- *Non-profit entities are exempt from fees, however, proof of non-profit status must be submitted with application.*

WARNING NOTICE: The issuance of a business license does not assure that the business can be legally conducted within the City. Prior to applying and paying the required fees, the applicant is obligated to assure that the operation of the business complies with all applicable federal, state, and local laws, including but not limited to zoning, building, and fire codes. If, following payment of the business license fee, it is determined by the City that applicable laws, rules or regulations prohibit operation of the business in the area of manner proposed, the fee **shall not** be refunded. **Initial:** _____ **Date:** _____

RETURN COMPLETED APPLICATION IN PERSON OR BY MAIL TO:	FOR MORE INFORMATION CONTACT:
Scotts Valley Finance Department Attn: Business Licenses 1 Civic Center Drive Scotts Valley, CA 95066 <i>Be sure to include appropriate fees and documents.</i>	Scotts Valley Finance Department Business Licenses 1 Civic Center Drive, Scotts Valley, CA 95066 Tel: 831-440-5611 Email: svfin@scottsvalley.org

1. BUSINESS INFORMATION

Business Name			
Street Address/City/ST/Zip			
Mailing Address/City/ST/Zip			
Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home		<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
E-Mail Address			
Website			

2. OWNER INFORMATION

Owner Name(s)			
Street Address/City/ST/Zip			
Mailing Address/City/ST/Zip			
Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home		<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
E-Mail Address		Driver's License Number	
Legal Status (Check one)	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Alarm System	<input type="checkbox"/> Yes <input type="checkbox"/> No	Firearms Sales	<input type="checkbox"/> Yes <input type="checkbox"/> No

NATURE OF BUSINESS

If your business requires a State License or Permit, you are required to complete the following pursuant to Chapter 9, Civil Code 3, Section 7000 of the Business and Professional Code of the State of California.

License Type:	License #:	Health Permit #:
Fictitious Name/Corp. #:	State Board of Equalization #:	SSN/FEIN:
SIC Code:	NONA:	NEC:
WDID #:	WDID Application #:	Other:

SCHEDULE OF FEES (Non-profits are exempt from fees, but must include employee count below)

NON-REFUNDABLE APPLICATION FEE:	\$ 45.00	\$ 45.00
BASE FEE – Per Fee Schedule SVMC Section 5.04.390:	\$ 50.00	\$ 50.00
*STATE DISABILITY COMPLIANCE FEE - PER AB 1379:	\$ 4.00	\$ 4.00
OWNER/MANAGER OF BUSINESS: (The \$40.00 fee is for one person and is mandatory. Include additional owners/managers who work for the business in the box below.)	\$ 40.00	\$ 40.00
PLUS Average number of full-time equivalent (FTE) employees working in the City at: \$ 40.00 each:	# of FTE's _____ x \$ 40.00	
TOTAL DUE AND PAYABLE WITH THIS APPLICATION		

A PENALTY OF 10% PER MONTH IS DUE IF FEE IS NOT PAID BY JULY 31, OR COMMENCEMENT DATE OF BUSINESS.

It is the owner's responsibility to maintain a current license. The undersigned owner, principal officer of the corporation, or duly authorized representative of the applicant, under penalty of perjury, hereby certifies that he/she has read this application and fully understands the limitations set forth therein and further certifies that the above statements and representations made by him/her are true and correct.

* The purpose of this fee is to increase disability access and compliance with construction related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws. Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building Owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:
 The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx
 The Department of Rehabilitation at www.rehab.cahwnet.gov
 The California Commission on Disability Access at www.cdda.ca.gov

APPLICANT'S STATEMENT/AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING):

I hereby certify under penalty of perjury that the answers and statements I have made on this application are true and correct to the best of my knowledge and belief, and that I understand and agree to the provisions and conditions herein or otherwise imposed on me. Also, I understand that any information misrepresented or intentionally omitted will result in automatic denial of this application.

APPLICANT SIGNATURE:	DATE:	
PRINTED NAME:	POSITION/TITLE:	
BUSINESS LICENSE #:	SIC #:	DATE ISSUED:

FOR CITY USE ONLY

DEPARTMENT NOTIFICATION OF BUSINESS LICENSE

DEPARTMENT	DATE	APPROVAL	REJECTION - REASON
PLANNING DEPARTMENT			
BUILDING DEPARTMENT			
POLICE DEPARTMENT			
SCOTTS VALLEY FIRE DISTRICT			
WASTEWATER DIVISION			
ENGINEERING DIVISION			
OTHER			